

New Mexico

Data as of July 2003

Mental Health and Substance Abuse Services in Medicaid and SCHIP in New Mexico

As of July 2003, 414,384 people were covered under New Mexico's Medicaid and SCHIP programs. There were 404,497 enrolled in the Medicaid program, and 9887 enrolled in the Medicaid SCHIP expansion program. In state fiscal year 2001, New Mexico spent \$ 1.5 billion to provide Medicaid services.

In New Mexico, low-income children may be enrolled into the Medicaid program, or an SCHIP Medicaid expansion program based on the child's age and their family's income.

- The Medicaid program serves all children through age 18, and pregnant women in families with incomes of less than 185% FPL.
- The SCHIP Medicaid expansion serves all children through age 18 in families with incomes between 185 and 235% FPL.

In August 2002 New Mexico was granted an 1115 HIFA waiver to allow them to expand Medicaid coverage, but this waiver has not yet been implemented. When the waiver is implemented it will allow New Mexico to cover (1) all parents of Medicaid and SCHIP children in families with income up to 200% FPL who are not otherwise eligible for Medicaid and (2) childless adults not otherwise eligible for Medicaid with incomes up to 200% FPL.

New Mexico requires Medicaid beneficiaries who qualify for the program as members of low-income families or children, as well as, SCHIP Medicaid expansion program participants to enroll into comprehensive Managed Care Organizations (MCOs) that deliver mental health and substance abuse services. These beneficiaries must obtain mental health and substance abuse services from their MCO. As of July 2003 there were 261,015 Medicaid/SCHIP beneficiaries in MCOs.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low-income families participating in the New Mexico Works program or transitioning from that program.
2. Pregnant women and children under age 19 from families with incomes of no more than 185% FPL. Families with incomes over 150% FPL must pay a premium that varies by income.
3. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act

Aged, Blind, and Disabled

1. Individuals receiving SSI.
2. All working individuals between the ages of 16 and 64 who meet the SSI definition of disability and have an income of 250% FPL or less.
3. Persons who are resident of medical institutions for a period of 30 consecutive days and have incomes of no more than 300% of the maximum SSI benefit.
4. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid if they were in an institution.

Medically Needy

New Mexico does not have a medically needy program.

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Waiver Populations

New Mexico has an 1115 waiver that allows them to cover low-income adults with incomes of no more than 200% FPL, but this waiver has not yet been implemented.

What Mental Health/Substance Abuse Services are Covered by Medicaid?

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of service New Mexico Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that New Mexico must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

Mandatory State Plan Services

Inpatient Hospital Services		
Service	Description	Coverage Requirements
Inpatient Psychiatric Care (for both adults and children)	Evaluation, diagnostic and treatment services provided in a general hospital, including mental health services.	<ul style="list-style-type: none">• Services must be prescribed by a psychiatrist• All inpatient stays in psychiatric units of general acute care hospitals require admission and continued stay reviews.
Outpatient Hospital and Outpatient Professional Care Services		
Service	Description	Coverage Requirements
Hospital Outpatient Services	Services, including psychiatric services and partial hospitalization, provided by an outpatient hospital clinic.	<ul style="list-style-type: none">• Services must be psychiatrist or psychologist directed• Services must be performed within the licensed outpatient facility• Mental health services must be medically necessary for the diagnosis and/or treatment of a mental illness (not substance abuse).• Psychiatric services must be:<ul style="list-style-type: none">- prescribed by a psychiatrist or certified Ph.D. psychologist and- provided under an individualized written plan,- supervised and evaluated by a psychiatrist or Ph.D. psychologist.- For the purpose of diagnostic study or reasonably expected to improve the patient's condition.
Outpatient Health Care Professional Services	Services include evaluations, testing and therapy (individual, group and family)	<ul style="list-style-type: none">• Services provided by licensed, board certified psychiatrists, licensed clinical psychologists, licensed independent social workers, licensed professional clinical mental health counselors, licensed marriage and family therapists, clinical nurse specialists certified in psychiatric nursing.• Services may be provided in mental health clinics and community mental health centers if provided by the above noted professionals• Services must be specified in the individual's treatment plan• Services may include mental health and substance abuse, however, substance abuse services for adults are limited.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21
EPSDT Services in Excess of Federal Requirements: Services Not Otherwise In the State Plan

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Service	Description	Coverage Requirements
<p>Services not otherwise covered under the state plan, provided when medically necessary:</p> <ul style="list-style-type: none"> Case management for medically at risk children and adolescents 	<p>Case management services for medically at risk are provided by the government or community agencies, Indian tribal governments, IHS and FQHCs. Agencies providing services to children with severe emotional disturbances must be licensed and certified by the Children, Youth and Families Department (CYFD).</p>	<ul style="list-style-type: none"> Beneficiary must be under age 21 Service must be needed to treat or ameliorate a condition identified in an EPSDT screen. Providers must be trained and certified in the services provided. Services may require prior approval as specified under the general coverage requirements for that service. Specifically excluded from coverage are room and board, educational programs, and vocational training. Individualized treatment plans are required for all services. Services provided must be within the provider's scope of practice
<ul style="list-style-type: none"> Inpatient services 	<p>Inpatient hospitalization, outpatient and partial hospitalization services provided in freestanding psychiatric facilities accredited by the Joint Commission of Accreditation for Healthcare Organizations (JACHO) and licensed by the Department of Health.</p>	<ul style="list-style-type: none"> Beneficiary must be under age 21 Service must be needed to treat or ameliorate a condition identified in an EPSDT screen. Providers must be trained and certified in the services provided. Services may require prior approval as specified under the general coverage requirements for that service. Specifically excluded from coverage are room and board, educational programs, and vocational training. Individualized treatment plans are required for all services. Outpatient services may be provided by licensed professionals as noted above. In addition, services may also be provided by licensed master's level social workers, licensed psychology associates and licensed masters level counselors, with supervision, in community mental health centers, FQHCs, IHS and EPSDT school based centers. Services provided must be within the provider's scope of practice
<ul style="list-style-type: none"> Outpatient and partial hospitalization services provided by freestanding psychiatric facilities 	<p>Inpatient hospitalization, outpatient and partial hospitalization services provided in freestanding psychiatric facilities accredited by the Joint Commission of Accreditation for Healthcare Organizations (JACHO) and licensed by the Department of Health.</p>	<ul style="list-style-type: none"> Beneficiary must be under age 21 Service must be needed to treat or ameliorate a condition identified in an EPSDT screen. Providers must be trained and certified in the services provided. Services may require prior approval as specified under the general coverage requirements for that service. Specifically excluded from coverage are room and board, educational programs, and vocational training. Individualized treatment plans are required for all services. Outpatient services may be provided by licensed professionals as noted above. In addition, services may also be provided by licensed master's level social workers, licensed psychology associates and licensed masters level counselors, with supervision, in community mental health centers, FQHCs, IHS and EPSDT school based centers.

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		<ul style="list-style-type: none"> Services provided must be within the provider's scope of practice
<ul style="list-style-type: none"> Residential treatment services provided in accredited, non-accredited and group home facilities 	<p>Residential treatment services provided in accredited facilities (JACHO) and licensed by CYFD must be provided under the direction of a psychiatrist. Residential treatment services in non-accredited facilities and group homes.</p>	<ul style="list-style-type: none"> Beneficiary must be under age 21 Service must be needed to treat or ameliorate a condition identified in an EPSDT screen. Providers must be trained and certified in the services provided. Services may require prior approval as specified under the general coverage requirements for that service. Specifically excluded from coverage are room and board, educational programs, and vocational training. Individualized treatment plans are required for all services. Services provided must be within the provider's scope of practice
<ul style="list-style-type: none"> Treatment foster care services 	<p>Treatment foster care services are overseen by certified and licensed agencies and provided by trained treatment foster care parents.</p>	<ul style="list-style-type: none"> Beneficiary must be under age 21 Service must be needed to treat or ameliorate a condition identified in an EPSDT screen. Providers must be trained and certified in the services provided. Services may require prior approval as specified under the general coverage requirements for that service. Specifically excluded from coverage are room and board, educational programs, and vocational training. Individualized treatment plans are required for all services. Services provided must be within the provider's scope of practice
<ul style="list-style-type: none"> Outpatient services 	<p>Outpatient services include evaluation, testing and therapy (individual, group and family)</p>	<ul style="list-style-type: none"> Beneficiary must be under age 21 Service must be needed to treat or ameliorate a condition identified in an EPSDT screen. Providers must be trained and certified in the services provided. Services may require prior approval as specified under the general coverage requirements for that service. Specifically excluded from coverage are room and board, educational programs, and vocational training. Individualized treatment plans are required for all services. Services provided must be within the provider's scope of practice
<ul style="list-style-type: none"> Behavior Management 	<p>Behavior management is provided by CYFD certified agencies and is designed to improve targeted behaviors, increase social skills and enhance behavioral skills.</p>	<ul style="list-style-type: none"> Beneficiary must be under age 21 Service must be needed to treat or ameliorate a condition identified in an EPSDT screen. Providers must be trained and certified in the services provided. Services may require prior approval as specified under the general coverage requirements for that service. Specifically excluded from coverage are room and board, educational programs, and vocational training. Individualized treatment plans are required for all services.

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		<ul style="list-style-type: none"> Services provided must be within the provider's scope of practice
<ul style="list-style-type: none"> Day treatment 	Day Treatment services are designed for children and adolescents at moderate to high risk of out of home placement.	<ul style="list-style-type: none"> Beneficiary must be under age 21 Service must be needed to treat or ameliorate a condition identified in an EPSDT screen. Providers must be trained and certified in the services provided. Services may require prior approval as specified under the general coverage requirements for that service. Specifically excluded from coverage are room and board, educational programs, and vocational training. Individualized treatment plans are required for all services. Services provided must be within the provider's scope of practice
<ul style="list-style-type: none"> School based services 	School based mental health services include evaluation, therapy and counseling not specified in the Individualized Education Plan (IEP) or in the Individualized Family Service Plan (ISFP).	<ul style="list-style-type: none"> Beneficiary must be under age 21 Service must be needed to treat or ameliorate a condition identified in an EPSDT screen. Providers must be trained and certified in the services provided. Services may require prior approval as specified under the general coverage requirements for that service. Specifically excluded from coverage are room and board, educational programs, and vocational training. Individualized treatment plans are required for all services. Services provided must be within the provider's scope of practice
<ul style="list-style-type: none"> Alcohol and drug abuse counseling 	Alcohol and drug abuse counseling provided by a Licensed Alcohol and Drug Abuse Counselor (LADAC) or other qualified mental health counselor.	<ul style="list-style-type: none"> Beneficiary must be under age 21 Service must be needed to treat or ameliorate a condition identified in an EPSDT screen. Providers must be trained and certified in the services provided. Services may require prior approval as specified under the general coverage requirements for that service. Specifically excluded from coverage are room and board, educational programs, and vocational training. Individualized treatment plans are required for all services. Services provided must be within the provider's scope of practice Services provided by licensed alcohol and drug abuse counselors must be furnished under the direction and supervision of licensed psychiatrists, psychologists, LISWs, LMFTs, LPCCs, and CNSs. Services must be rendered through: community mental health centers; outpatient hospital facilities; Indian Health Service; Tribal Health Clinics (638 facilities); school-based providers; Federally Qualified Health Centers

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Rehabilitative Services		
Service	Description	Coverage Requirements
Psychosocial Rehabilitation services (for adults)	<ul style="list-style-type: none">• Assessment, treatment planning, and specific services which reduce symptomatology and restore basic skills necessary to function independently in the community including:<ul style="list-style-type: none">- Therapeutic interventions- Medication Services- Psychosocial Interventions- Community based crisis interventions- Professional Consultation	<ul style="list-style-type: none">• Services may only be provided to a beneficiary with a primary diagnosis of mental illness (not substance abuse).• Qualified providers, certified to provide these services by the Department of Health, must provide services.

Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management (TCM) Specifically for: <ul style="list-style-type: none">• Chronically Mentally Ill Adults;• Medically at risk children (including those seriously emotionally disturbed)• Youth involved with the Juvenile Justice System• Adult and Youth involved with Protective Services	<ul style="list-style-type: none">• Services and activities that help qualified beneficiaries, and sometimes their families, to identify their needs and gain access to necessary medical, social, rehabilitative, vocational, educational, and other services.• Specific services include<ul style="list-style-type: none">- assessment of individuals,- development of and progress of care plans,- ongoing monitoring and follow-up,- discharge planning.	<ul style="list-style-type: none">• TCM services must be provided by certified providers.• CYFD provides the targeted case management services for youth involved in the Juvenile Justice System and adult and youth involved with Protective Services.

SCHIP Medicaid Expansion Program

Who is Eligible for the SCHIP Medicaid Expansion Program?

The SCHIP Medicaid expansion program serves all children through age 18 in families with incomes between 185 and 235% FPL

What Mental Health/Substance Abuse Services are Covered by the SCHIP Medicaid Expansion Program?

Service coverage in the SCHIP Medicaid Expansion Program is identical to coverage in the Medicaid program, which was described in the previous section.

Separate SCHIP Program

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New Mexico has no Separate SCHIP Program